Center for Vaccine Ethics and Policy
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Vaccines and Global Health: The Week in Review
3 May 2014
Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage. Vaccines: The Week in Review is also posted in pdf form and as a set of blog posts at http://centerforvaccineethicsandpolicy.wordpress.com/. This blog allows full-text searching of over 3,500 entries.

Comments and suggestions should be directed to
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UNICEF Watch [to 3 MAY 2014]
http://www.unicef.org/media/media_71724.html
UN Secretary-General Ban Ki-moon reappoints Anthony Lake Executive Director of UNICEF
[Full text]

UNITED NATIONS, 2 May 2014 – Following consultations with the UNICEF Executive Board, the Secretary-General is pleased to reappoint Mr. Anthony Lake as Executive Director of UNICEF. The Secretary-General noted his appreciation of UNICEF's progress in effective management for results, especially for the most disadvantaged children.

GIN
April 2014
Oral Cholera Vaccine stockpile campaign amongst Internally Displaced People (IDPs) in South Sudan
Stephen Martin, WHO Headquarters
[Full text]

The first use of the global oral cholera vaccine (OCV) stockpile, created in 2013, under the management of the Inter-national Coordinating Group (ICG) recently deployed 252,000 doses of vaccine to South Sudan.

The mandate for the OCV stockpile is primarily for cholera outbreaks but will also consider vaccine requests for humanitarian crisis response.

As a result of recent conflict in South Sudan (December 2013), population displacement occurred, internally as IDPs and externally as refugees. Many of the IDPs are living in Protection of Civilian (POCs) areas within the United Nations Mission to South Sudan (UNMISS) compounds. Living conditions for the IDPs have deteriorated below international standards, increasing the risk of waterborne diseases including cholera. These conditions are anticipated to deteriorate further with the onset of seasonal rains.

A risk assessment completed by WHO CO concluded that the combination of historical outbreaks, the living conditions and the forthcoming rains placed the IDPs at an increased risk of cholera. At the request of the Ministry of Health, WHO facilitated the deployment of vaccine to the country.

The vaccine arrived in country on 22 February 2014. Over the following 38 days, two implementing partners MedAir and Medecins sans Frontiers have completed 3 campaigns in separate IDP locations, Mingkaman, Tomping and UN House delivering 132,925 doses. The vaccine regime requires two doses given as a single dose two weeks apart. Hygiene messaging was given with the vaccine. In Mingkaman the second dose was co-administered with Meningococcal A conjugate vaccine. Further campaigns are anticipated.

As a new public health intervention to complement established cholera prevention and control measures, greater frequency of use of the vaccine stockpile will increase awareness and acceptability while at the same time providing evidence to demonstrate the full public health potential of this intervention.

http://www.who.int/immunization/GIN_April_2014.pdf?ua=1

WHO: Experts probe Middle-Eastern respiratory syndrome coronavirus (MERS-CoV) in Jeddah, Saudi Arabia

2 May 2014

Excerpt

A team of experts from WHO started a two-day mission yesterday in Jeddah to assist national health authorities to investigate the recent increase in number of people infected by MERS-CoV. From mid-March 2014, 111 people have tested positive in the Jeddah area; the biggest single surge in the MERS-CoV outbreak since the new virus was detected in April 2012. Thirty-one persons have died.

As a large proportion of infections in Jeddah occurred in health-care facilities, the WHO team began with analyzing transmission patterns in the city's main hospitals.

"We need to understand how people got infected in health-care settings, and in the community; we are looking into possible infection routes and whether the virus has changed its ability to more easily infect people," says Dr Jaouad Mahjour, WHO Team Leader, "but we know that the systematic application of basic infection prevention and control measures in health facilities is key to limiting transmission and protecting health-care workers and other patients."

Following the confirmation of the first cases, health facilities increased laboratory testing of patients, close contacts and health-care workers and strengthened protective measures. One third of the people tested positive in the recent spate of cases are health-care workers with mild or no symptoms.

"Our priority is to stop the transmission inside the hospital by strengthening infection prevention and control activities," says Dr Mohammed Al Ghamdi, an Infectious Disease Consultant at the King Fahd Hospital, the city's main general hospital - where 78 people have tested positive so far. "WHO is helping us in getting answers on transmission routes not only in health facilities, but also in the community."…

http://www.who.int/features/2014/saudi-arabia-coronavirus/en/

WHO: Global Alert and Response (GAR) – *Disease Outbreak News* *[to 3 May 2014]*
http://www.who.int/csr/don/2013_03_12/en/index.html
:: Human infection with avian influenza A(H7N9) virus – update 1 May 2014
Excerpt
On 3 May 2014, the Ministry of Health of Egypt reported the first laboratory-confirmed case of infection with Middle East respiratory syndrome coronavirus (MERS-CoV) in the country…
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 1 May 2014
:: **Ebola virus disease, West Africa** – update 28 April 2014
Guinea
Excerpt
As of 18:00 on 3 May 2014, the Ministry of Health (MOH) of Guinea has reported a cumulative total of 224 clinical cases of Ebola Virus Disease (EVD), including 143 deaths. To date, 202 patients have been tested for ebolavirus infection and 121 cases have been laboratory confirmed, including 74 deaths. In addition, 41 cases (34 deaths) meet the probable case definition for EVD and 62 cases (35 deaths) are classified as suspected cases.
A revised number of 25 health care workers (HCW) have been affected (19 confirmed), with 16 deaths (12 confirmed); the number of HCW was previously reported as 26….
…WHO does not recommend that any travel or trade restrictions be applied to Guinea based on the current information available for this event.
:: Middle East respiratory syndrome coronavirus (MERS-CoV) – update 3 May 2014

CDC/MMWR Watch [to 3 May 2014]
http://www.cdc.gov/mmwr/mmwr_wk.html
CDC Transcript: First case of Middle East Respiratory Syndrome Coronavirus infection (MERS) in the United States - Transcript
Friday, May 2, 2014, 6:30 PM
CDC Telebriefing: Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was confirmed today in a traveler to the United States. This virus is relatively new to humans and was first reported in Saudi Arabia in 2012.

GPEI Update: Polio this week - *As of 30 April 2014*
Global Polio Eradication Initiative
Full report: http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
[Editor's extract and bolded text]
:: The World Health Organization (WHO) Director-General, Dr Margaret Chan, is convening an Emergency Committee under the International Health Regulations to advise on whether the current developments on the spread of poliovirus constitute a public health emergency of international concern and, if so, whether temporary recommendations are needed to reduce the risk and consequences of international spread. The Committee began consultations on 28 April 2014, and is expected to deliberate for several days.
:: In Nigeria, the Expert Review Committee on Polio Eradication and Routine Immunization (ERC) convened in Abuja from 23-24 April 2014, to review the current polio epidemiology in the country. The ERC concluded that as a result of significant programme improvements including significant decline in WPV cases and increase in the quality of supplementary immunization activities (SIAs), the next 8 months are the most important period in Nigeria's polio eradication

programme. Waning political support during the upcoming election season, insecurity and complacency are now the major risks to achieving success. Through continued programme progress during the upcoming election season, continued accountability, improvements in SIA quality, and access to children in insecure areas, Nigeria can achieve success in 2014.
:: WHO published its updated vaccination recommendations for travelers from polio-infected countries in its publication International Travel and Health (polio-related section on pages 33-35). These updates were endorsed at last month's meeting of the Strategic Advisory Group of Experts on Immunization (SAGE). Polio vaccination recommendations for travelers from polio-infected countries should apply to all residents and visitors of all ages, who spend more than four weeks in the country. Resident travelers from polio-infected countries should have received one documented additional dose of OPV or IPV a minimum of 4 weeks and a maximum of 12 months before each international travel. Travelers embarking on last minute/urgent travel that cannot be postponed should receive one dose of OPV or IPV before departure if they have not received a documented dose of polio vaccine within the past 12 months.
:: One new cVDPV2 case has been reported in the past week from Africa. The case is currently under cross border investigation to determine country of onset (Nigeria or Cameroon). - See more at:

Nigeria

:: One new WPV1 case was reported this week from Kano with onset of paralysis on 24 March bringing the total number of WPV1 cases for 2014 to two (both in Kano). The total number of WPV1 cases for 2013 is 53.
:: Meeting last week in Abuja, the ERC concluded that as a result of significant programme improvements, a window of opportunity for eradicating polio exists between May and December 2014.
:: In particular, the ERC noted the significant decline in wild poliovirus (WPV) cases, with only 1 WPV case reported this year (compared to 13 for the same period in 2013). WPV type 3 has not been detected in more than 17 months (since November 2012). The genetic biodiversity of transmission has been reduced to one remaining endemic cluster.

Pakistan

:: Five new WPV1 cases have been reported in the past week (from North Waziristan, South Waziristan, Federally Administered Tribal Areas – FATA, Gadap, greater Karachi, Sindh, and Peshawar, Khyber Pakhtunkhwa - KP), bringing the total number of WPV1 cases for 2014 to 54. The most recent WPV1 case had onset of paralysis on 6 April (from North Waziristan)

UN Dispatch: Map of the Day: Violence against Aid Workers and Polio Campaigns in Pakistan - Jan – March 2014

May 1, 2014
Map posted by Mark Leon Goldberg
[Editor's note: The map via the title link above depicts the sites in Pakistan where various forms of violence were perpetrated against UN personnel (1), Polio workers (10), NGO workers (5) and Police escorts (31). Overall, 47 persons were attacked with 28 killed, 9 injured and 10 kidnapped. Of these totals, 7 polio workers were killed and 3 kidnapped.]

The **Weekly Epidemiological Record (WER) for 2 May 2014**, vol. 89, 18 (pp. 177–188) includes:
::: Maternal and neonatal tetanus elimination: validation survey in 4 States in India, April 2013
http://www.who.int/entity/wer/2014/wer8918.pdf?ua=1

GAVI Watch [to 3 May 2014]
http://www.gavialliance.org/library/news/press-releases/
28 April 2014
First ever Phase III dengue fever vaccine trial complete
According to Sanofi three-dose vaccine led to 56% reduction in cases of dengue fever.

Newly renamed PAHO Foundation will channel philanthropic support for health in the Americas
Excerpt
Washington D.C., May 2, 2014 (PAHO/WHO) – A new "PAHO Foundation" announced today that it will mobilize resources for improving health in the Americas, in alignment with the Pan American Health Organization's strategic priorities. The philanthropic organization, based in Washington, D.C., was formerly named PAHEF and was created to "combat disease, lengthen life, improve health care, foster research, and train health care workers in the region of the Americas."
From today, the Foundation will focus on helping PAHO improve health coverage, reduce the toll from noncommunicable diseases, combat vector-borne and vaccine-preventable diseases, and fight women's cancers, among others. An additional priority will be mobilizing resources to eliminate cholera from Haiti.
"The new name reflects the fact that the Foundation is PAHO's de facto philanthropic arm," said Harold Hamana, Vice Chair of the Board of the PAHO Foundation. "We are confident that by further aligning with PAHO's name and strategic priorities, we can be more efficient in improving the health conditions of the people of the Americas."…

WHO: Humanitarian Health Action [to 3 May 2014]
http://www.who.int/hac/en/
No new content.

European Medicines Agency Watch [to 3 May 2014]
http://www.ema.europa.eu/ema/
No new content identified.

UN Watch [to 3 May 2014]
Selected meetings, press releases, and press conferences relevant to immunization, vaccines, infectious diseases, global health, etc. http://www.un.org/en/unpress/
No new relevant content identified.

World Bank/IMF Watch [to 3 May 2014]
Selected media releases and other selected content relevant to immunization, vaccines, infectious diseases, global health, etc. http://www.worldbank.org/en/news/all
No new relevant content identified.

Industry Watch [to 3 May 2014]
Selected media releases and other selected content from industry.

No new relevant content identified.

Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

Dr. Mathuram Santosham Receives 2014 Albert B. Sabin Gold Medal Award

WASHINGTON, D.C. – April 29, 2014 – The Sabin Vaccine Institute today will present its annual Albert B. Sabin Gold Medal Award to Dr. Mathuram Santosham for his pioneering role in the prevention of deadly H. influenzae type b (Hib) diseases, including pediatric bacterial meningitis and pneumonia. Dr. Santosham's leadership in conducting groundbreaking research, vaccine efficacy trials and advocacy to prioritize Hib vaccines spans more than 40 years and has saved millions of children's lives worldwide.

Statement by the Sabin Vaccine Institute on Dr. Ciro de Quadros' PAHO Public Health Hero of the Americas Award

Monday, April 28, 2014

Dr. Ciro de Quadros, Sabin Vaccine Institute's Executive Vice President and Director of Vaccine Advocacy and Education, received the Public Health Hero of the Americas Award on April 25, 2014. The award is the highest honor bestowed by the Pan American Health Organization (PAHO). It was announced during Sabin's 20th Anniversary Scientific Symposium, which was held at PAHO headquarters in Washington, DC.

"We are immensely proud of Ciro de Quadros for being recognized as a Public Health Hero of the Americas," said Ambassador Michael W. Marine, CEO of Sabin Vaccine Institute. "Ciro is one of the giants of global health whose work has benefited millions of lives. From his leadership in polio and smallpox eradication in the Americas and Ethiopia to the pivotal role he has played at Sabin advocating greater vaccine adoption and country ownership for immunization programs, Ciro's values and collaborative approach serve as clear beacons of how to best tackle some of the world's greatest health challenges."

PAHO's press release, "Ciro de Quadros, pioneer of polio eradication, is honored as a PAHO Public Health Hero of the Americas."

Statement: IT'S TIME FOR AIDS, TB AND MALARIA TO GO THE WAY OF SMALLPOX AND POLIO

May 01, 2014

As WHO World Immunization Week 2014 draws to a close, the International AIDS Vaccine Initiative (IAVI), Aeras and the PATH Malaria Vaccine Initiative issued the following statement: Excerpt

In 2012, the global death toll from AIDS, tuberculosis and malaria equaled the population of Connecticut.

Despite enormous progress in treatment and prevention, these three infectious diseases still bring death and misery to millions of people each year. We need new tools to erase them from the globe once and for all. In particular, we need vaccines.

Vaccines are among the greatest success stories in the history of public health. They have eradicated smallpox and nearly eradicated polio, save 3 million lives a year, and avert untold suffering and costs. They provide lasting protection, and can be distributed widely within broader public health campaigns and in places where healthcare infrastructures are limited.

How different tomorrow could look if vaccines joined the arsenals against these three global killers…

Journal Watch

Vaccines and Global Health: The Week in Review continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. ***Journal Watch*** **is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

If you would like to suggest other journal titles to include in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

The American Journal of Bioethics
Volume 14, Issue 4, 2014
http://www.tandfonline.com/toc/uajb20/current

Fostering IRB Collaboration for Review of International Research

Francis Barchia*, Megan Kasimatis Singletonb & Jon F. Merzc
pages 3-8
DOI: 10.1080/15265161.2014.892168
Abstract
This article presents a review of the literature, summarizes current initiatives, and provides a heuristic for assessing the effectiveness of a range of institutional review board (IRB) collaborative strategies that can reduce the regulatory burden of ethics review while ensuring protection of human subjects, with a particular focus on international research. Broad adoption of IRB collaborative strategies will reduce regulatory burdens posed by overlapping oversight mechanisms and has the potential to enhance human subjects protections.
[See also six Open Peer Commentaries on the theme above]

American Journal of Infection Control
Vol 42 | No. 4 | April 2014 | Pages 345-464
http://www.ajicjournal.org/current

American Journal of Preventive Medicine
Vol 46 | No. 4 | April 2014 | Pages 331-432

http://www.ajpmonline.org/current
[No relevant content]

American Journal of Public Health
Volume 104, Issue 4 (April 2014)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
April 2014; 90 (4)
http://www.ajtmh.org/content/current
[No relevant content]

Annals of Internal Medicine
15 April 2014, Vol. 160. No. 8
http://annals.org/issue.aspx
[No relevant content]

BMC Health Services Research
(Accessed 3 May 2014)
http://www.biomedcentral.com/bmchealthservres/content
[No new relevant content]

BMC Public Health
(Accessed 3 May 2014)
http://www.biomedcentral.com/bmcpublichealth/content
Research article
"I don't see an added value for myself": a qualitative study exploring the social cognitive variables associated with influenza vaccination of Belgian, Dutch and German healthcare personnel
Birthe A Lehmann, Robert AC Ruiter, Sabine Wicker, Dick van Dam, Gerjo Kok BMC Public Health 2014, 14:407 (28 April 2014)
Abstract | Full text | PDF |

British Medical Bulletin
Volume 109 Issue 1 March 2014
http://bmb.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

British Medical Journal
03 May 2014 (Vol 348, Issue 7956)

http://www.bmj.com/content/348/7956
[No relevant content]

Bulletin of the World Health Organization
Volume 92, Number 5, May 2014, 309-384
http://www.who.int/bulletin/volumes/92/5/en/
Editorial
International Health Regulations (2005): taking stock
Isabelle Nuttall a
a. Department of Global Capacities, Alert and Response, World Health Organization, avenue Appia 20, 1211 Geneva 27, Switzerland.
Bulletin of the World Health Organization 2014;92:310. doi:
http://dx.doi.org/10.2471/BLT.14.138990
Excerpt

In 2007, the coming into force of the revised International Health Regulations (2005)1 [IHR (2005)] – the most powerful, far-reaching instrument of international law ever conceived to protect people's health – was met with excitement. The purpose behind the IHR (2005) was to prevent and detect international health threats with minimal disruption to travel, trade and the economy. A simple logic lay at the heart of the IHR (2005): in an interconnected, interdependent world, a threat in one country puts all countries at risk.

Today, international public health threats, be they infectious or not, are harder to prevent and detect because of the mass movement of people, goods and animals facilitated by faster, cheaper modes of travel and complex trade systems. In the last couple of years alone, emerging pathogens such as avian influenza viruses A(H7N9) and A(H10N8) and the Middle East respiratory syndrome coronavirus have for the first time been reported to cause human disease. Three out of four new diseases affecting humans emerge at the human–animal interface.

To ensure compliance with IHR (2005), countries were given until June 2012 to develop systems with capacity in several core areas: legislation and policy; coordination and IHR national focal points; preparedness, surveillance and response; risk communication; human resources; laboratory practice; and points of entry. However, the magnitude of the work led more than 100 countries to request a two-year extension for building up capacity in these domains. In June 2014 this extension period will be over and further requests for extension are expected. What does this mean?

…In terms of the IHR, it is time to take stock of the capacities amassed so far and those that still need to be developed. Countries have yet to implement their concrete plans to meet the capacity requirements of the IHR (2005). Some target capacities call for substantial investment, either from national budgets or international cooperation, and hence renewed financial commitments; others could probably be achieved through improved cost–effectiveness and collaboration between different sectors, including the animal and human health sectors. WHO is also striving, through its programme of reform, to serve its Member States better and in a more coordinated manner so that we can all live in a more secure and prosperous world.

Editorials
Influenza seasonality: timing and formulation of vaccines
Nancy Cox a
a. Influenza Division, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333, United States of America.

Bulletin of the World Health Organization 2014;92:311. doi:
http://dx.doi.org/10.2471/BLT.14.139428
Excerpt

…While strategies for influenza vaccination are well advanced in many temperate areas, data to support the timing of vaccination efforts in tropical areas of Asia have been quite limited. For this and other reasons, many countries in tropical Asia use little or no influenza vaccine – despite their considerable burdens of influenza disease. The information collected by Saha et al.[4] clearly demonstrates that country-specific recommendations on influenza vaccination should focus not only on whether the country lies to the north or south of the Equator but also on the number and types of seasonal patterns in influenza activity that exist within the country's borders. Countries with long latitudinal spans may need two distinct vaccine policies – one for the temperate areas and another for the more tropical areas – and to use both the "northern hemisphere" and "southern hemisphere" formulations.[4,6,7] If appropriate vaccination policies – that couple the best timing of influenza vaccine administration with the most recent vaccine composition – are to be developed, the seasonality of influenza in many countries needs to be better understood.

RESEARCH

Influenza seasonality and vaccination timing in tropical and subtropical areas of southern and south-eastern Asia

Siddhartha Saha, Mandeep Chadha, Abdullah Al Mamun, Mahmudur Rahman, Katharine Sturm-Ramirez, Malinee Chittaganpitch, Sirima Pattamadilok, Sonja J Olsen, Ondri Dwi Sampurno, Vivi Setiawaty, Krisna Nur Andriana Pangesti, Gina Samaan, Sibounhom Archkhawongs, Phengta Vongphrachanh, Darouny Phonekeo, Andrew Corwin, Sok Touch, Philippe Buchy, Nora Chea, Paul Kitsutani, Le Quynh Mai, Vu Dinh Thiem, Raymond Lin, Constance Low, Chong Chee Kheong, Norizah Ismail, Mohd Apandi Yusof, Amado Tandoc, Vito Roque, Akhilesh Mishra, Ann C Moen, Marc-Alain Widdowson, Jeffrey Partridge & Renu B Lal

doi: 10.2471/BLT.13.124412

Abstract [HTML]

Article [HTML]

Research

Monitoring progress towards the elimination of measles in China: an analysis of measles surveillance data

Chao Ma, Lixin Hao, Yan Zhang, Qiru Su, Lance Rodewald, Zhijie An, Wenzhou Yu, Jing Ma, Ning Wen, Huiling Wang, Xiaofeng Liang, Huaqing Wang, Weizhong Yang, Li Li & Huiming Luo

Objective

To analyse the epidemiology of measles in China and determine the progress made towards the national elimination of the disease.

Methods

We analysed measles surveillance data – on the age, sex, residence and vaccination status of each case and the corresponding outcome, dates of onset and report and laboratory results – collected between January 2005 and October 2013.

Findings

Between 2005 and October 2013, 596 391 measles cases and 368 measles-related deaths were reported in China. Annual incidence, in cases per 100 000 population, decreased from 9.95 in 2008 to 0.46 in 2012 but then rose to more than 1.96 in 2013. The number of provinces that reported an annual incidence of less than one case per million population increased from one in 2009 to 15 in 2012 but fell back to one in 2013. Median case age decreased from 83 months in 2005 to 14 months in 2012 and 11 months in January to October 2013. Between 2008 and

2012, the incidence of measles in all age groups, including those not targeted for vaccination, decreased by at least 93.6%. However, resurgence started in late 2012 and continued into 2013. Of the cases reported in January to October 2013, 40% were aged 8 months to 6 years.
Conclusion
Although there is evidence of progress towards the elimination of measles from China, resurgence in 2013 indicated that many children were still not being vaccinated on time. Routine immunization must be strengthened and the remaining immunity gaps need to be identified and filled.

Perspectives

Health system cost of delivering routine vaccination in low- and lower-middle income countries: what is needed over the next decade?

Patrick Lydon a, Gian Gandhi b, Jos Vandelaer b & Jean-Marie Okwo-Bele a
a. Immunization, Vaccines and Biologicals, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland.
b. United Nations Children's Fund, New York, United States of America.
(Submitted: 12 September 2013 – Revised version received: 23 January 2014 – Accepted: 31 January 2014 – Published online: 07 February 2014.)
Bulletin of the World Health Organization 2014;92:382-384. doi: http://dx.doi.org/10.2471/BLT.13.130146

Excerpt

On the eve of the 40th anniversary of launching of the Expanded Programme on Immunization (EPI) in 1974, during the twenty-seventh World Health Assembly (WHA), fundamental questions about the level of financing needed to sustain achievements and scale up the EPI in low- and lower-middle income countries continue to permeate the discourse on the economics of immunization. The answer to this question is all the more important in light of the fact that at the sixty-fifth WHA in 2012, ministers of health embraced the Global Vaccine Action Plan (GVAP) – a 10-year global strategic plan for immunization.1 But how much – and in what areas – are the investments needed for this decade?

Today, improved transparency in pricing information allows for relatively accurate vaccine cost estimates.2 Unfortunately, trends in the health system costs of delivering vaccination beyond the cost of the vaccines themselves continue to be poorly understood…

Clinical Therapeutics
Volume 36, Issue 4, p459-612 April 2014
http://www.clinicaltherapeutics.com/current
[No relevant content]

Cost Effectiveness and Resource Allocation
(Accessed 3 May 2014)
http://www.resource-allocation.com/
[No new relevant content]

Current Opinion in Infectious Diseases
June 2014 - Volume 27 - Issue 3 pp: v-v,211-302
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx

Managing multidrug-resistant tuberculosis in children: review of recent developments
Schaaf, H. Simon; Garcia-Prats, Anthony J.; Hesseling, Anneke C.; More
Abstract
Purpose of review Childhood multidrug-resistant (MDR) tuberculosis is an emerging disease with increasing numbers being recognized. This review presents recent developments in childhood MDR tuberculosis.
Recent findings New molecular-based diagnostic tests, although not optimal, have reduced the difficulty in confirming the diagnosis of MDR tuberculosis in children. However, the importance of making a diagnosis of probable MDR tuberculosis has been reaffirmed by contact tracing studies showing 80–90% of child contacts of MDR tuberculosis cases who develop disease have MDR tuberculosis themselves. Prevention of MDR tuberculosis in child contacts with appropriate preventive treatment regimens is supported by new observational data and deserves further study. When diagnosed and treated appropriately, outcomes for MDR tuberculosis and even extensively drug-resistant tuberculosis in children are good, despite limited pharmacokinetic data on second-line drugs. Novel anti-tuberculosis drugs and regimens are becoming available and should be studied in children for dose-finding and safety. Recording and reporting of MDR tuberculosis in children are frequently poor, leading to inaccurate estimates of disease burden and suboptimal resource planning.
Summary Rapid diagnosis and appropriate treatment results in good outcomes in the majority of children with MDR tuberculosis. Additional research on optimal diagnosis, prevention and treatment of MDR tuberculosis in children remains a high priority.

Developing World Bioethics
April 2014 Volume 14, Issue 1 Pages ii–ii, 1–57
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2014.14.issue-1/issuetoc
[Reviewed earlier]

Development in Practice
Volume 24, Issue 1, 2014
http://www.tandfonline.com/toc/cdip20/current
[No relevant content]

Emerging Infectious Diseases
Volume 20, Number 5—May 2014
http://www.cdc.gov/ncidod/EID/index.htm
[No relevant content]

The European Journal of Public Health
Volume 24 Issue 2 April 2014
http://eurpub.oxfordjournals.org/content/current
[Reviewed earlier]

Eurosurveillance
Volume 19, Issue 17, 01 May 2014
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678
[No relevant content]

Global Health: Science and Practice (GHSP)
February 2014 | Volume 2 | Issue 1
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Globalization and Health
[Accessed 3 May 2014]
http://www.globalizationandhealth.com/
Research
The multiple meanings of global health governance: a call for conceptual clarity
Kelley Lee and Adam Kamradt-Scott
Abstract (provisional)
Background
The term global health governance (GHG) is now widely used, with over one thousand works published in the scholarly literature, almost all since 2002. Amid this rapid growth there is considerable variation in how the term is defined and applied, generating confusion as to the boundaries of the subject, the perceived problems in practice, and the goals to be achieved through institutional reform. Methodology This paper is based on the results of a separate scoping study of peer reviewed GHG research from 1990 onwards which undertook keyword searches of public health and social science databases. Additional works, notably books, book chapters and scholarly articles, not currently indexed, were identified through Web of Science citation searches. After removing duplicates, book reviews, commentaries and editorials, we reviewed the remaining 250 scholarly works in terms of how the concept of GHG is applied. More specifically, we identify what is claimed as constituting GHG, how it is problematised, the institutional features of GHG, and what forms and functions are deemed ideal.
Results
After examining the broader notion of global governance and increasingly ubiquitous term ?global health?, the paper identifies three ontological variations in GHG scholarship - the scope of institutional arrangements, strengths and weaknesses of existing institutions, and the ideal form and function of GHG. This has produced three common, yet distinct, meanings of GHG that have emerged ? globalisation and health governance, global governance and health, and governance for global health.
Conclusions
There is a need to clarify ontological and definitional distinctions in GHG scholarship and practice, and be critically reflexive of their normative underpinnings. This will enable greater precision in describing existing institutional arrangements, as well as serve as a prerequisite for a fuller debate about the desired nature of GHG.

Global Public Health
Volume 9, Issue 4, 2014

http://www.tandfonline.com/toc/rgph20/current#.Uq0DgeKy-F9
[Reviewed earlier]

Health Affairs
April 2014; Volume 33, Issue 4
http://content.healthaffairs.org/content/current
Theme: The Long Reach Of Alzheimer's Disease
[No relevant content]

Health and Human Rights
Volume 15, Issue 2
http://www.hhrjournal.org/
[Reviewed earlier]

Health Economics, Policy and Law
Volume 9 / Issue 02 / April 2014
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
[Reviewed earlier]

Health Policy and Planning
Volume 29 Issue 2 March 2014
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
May 2014 Volume 10, Issue 5
http://www.landesbioscience.com/journals/vaccines/toc/volume/10/issue/5/
The internet's role in HPV vaccine education
Pooja R Patel, Abbey B Berenson*
Abstract
The internet is the second most popular source, after healthcare providers, of information regarding human papillomavirus (HPV). These online searches usually begin with the user entering generic terms in the search engine, and then reading the first few results that the engine returns. Unfortunately, research shows that much of this information obtained about the HPV vaccine is inaccurate and incomplete. In this review, we summarize the literature pertaining to online information concerning the HPV vaccine and review concerns related to obtaining online medical information. Finally, we propose possible solutions medical providers can employ in their everyday practice to help their patients obtain accurate information through their online searches.
Cost-effectiveness analysis of universal influenza vaccination with quadrivalent inactivated vaccine in the United States
Karen M Clements, Genevieve Meier*, Lisa J McGarry, Narin Pruttivarasin, Derek A Misurski
Abstract

To address influenza B lineage mismatch and co-circulation, several quadrivalent inactivated influenza vaccines (IIV4s) containing two type A strains and both type B lineages have recently been approved in the United States. Currently available trivalent inactivated vaccines (IIV3s) or trivalent live attenuated influenza vaccines (LAIV3s) comprise two influenza A strains and one of the two influenza B lineages that have co-circulated in the United States since 2001. The objective of this analysis was to evaluate the cost-effectiveness of a policy of universal vaccination with IIV4 vs. IIV3/LAIV3 during 1 year in the United States. On average per influenza season, IIV4 was predicted to result in 30 251 fewer influenza cases, 3512 fewer hospitalizations, 722 fewer deaths, 4812 fewer life-years lost, and 3596 fewer quality-adjusted life-years (QALYs) lost vs. IIV3/LAIV3. Using the Fluarix QuadrivalentTM (GlaxoSmithKline) prices and the weighted average IIV3/LAIV3 prices, the model predicts that the vaccination program costs would increase by $452.2 million, while direct medical and indirect costs would decrease by $111.6 million and $218.7 million, respectively, with IIV4. The incremental cost-effectiveness ratio (ICER) comparing IIV4 to IIV3/LAIV3 is predicted to be $90 301/QALY gained. Deterministic sensitivity analyses found that influenza B vaccine-matched and mismatched efficacies among adults aged ≥65 years had the greatest impact on the ICER. Probabilistic sensitivity analysis showed that the cost per QALY remained below $100 000 for 61% of iterations. In conclusion, vaccination with IIV4 in the US is predicted to reduce morbidity and mortality. This strategy is also predicted to be cost-effective vs. IIV3/LAIV3 at conventional willingness-to-pay thresholds.

Influenza vaccination coverage among medical residents: An Italian multicenter survey

Claudio Costantino, Walter Mazzucco, Elena Azzolini, Cesare Baldini, Margherita Bergomi, Alessio Daniele Biafiore, Manuela Bianco, Lucia Borsari, Paolo Cacciari, Chiara Cadeddu, Paola Camia, Eugenia Carluccio, Andrea Conti, Chiara De Waure, Valentina Di Gregori, Leila Fabiani, Roberto Fallico,...See all

Abstract

Although influenza vaccination is recognized to be safe and effective, recent studies have confirmed that immunization coverage among health care workers remain generally low, especially among medical residents (MRs). Aim of the present multicenter study was to investigate attitudes and determinants associated with acceptance of influenza vaccination among Italian MRs. A survey was performed in 2012 on MRs attending post-graduate schools of 18 Italian Universities. Each participant was interviewed via an anonymous, self-administered, web-based questionnaire including questions on attitudes regarding influenza vaccination. A total of 2506 MRs were recruited in the survey and 299 (11.9%) of these stated they had accepted influenza vaccination in 2011–2012 season. Vaccinated MRs were older ($P = 0.006$), working in clinical settings ($P = 0.048$), and vaccinated in the 2 previous seasons ($P < 0.001$ in both seasons). Moreover, MRs who had recommended influenza vaccination to their patients were significantly more compliant with influenza vaccination uptake in 2011–2012 season ($P < 0.001$). "To avoid spreading influenza among patients" was recognized as the main reason for accepting vaccination by less than 15% of vaccinated MRs.

Italian MRs seem to have a very low compliance with influenza vaccination. And they seem to accept influenza vaccination as a habit that is unrelated to professional and ethical responsibility. Otherwise, residents who refuse vaccination in the previous seasons usually maintain their behaviors. Promoting correct attitudes and good practice in order to improve the influenza immunization rates of MRs could represent a decisive goal for increasing immunization coverage among health care workers of the future.

Estimating the burden of hospitalization for pneumococcal pneumonia in a general population aged 50 years or older and implications for vaccination strategies

Emanuele Amodio*, Claudio Costantino, Sara Boccalini, Fabio Tramuto, Carmelo M Maida, Francesco Vitale

Abstract

Streptococcus pneumoniae is a major cause of human infectious diseases worldwide. Despite this documented evidence, data on pneumococcal disease rates among general populations are scant because of the frequent lack of cultural identification. In this study we propose a model for estimating the burden of pneumococcal pneumonia on hospitalizations.

The study was performed by analyzing administrative and clinical data of patients aged 50 years or older, resident in Sicily, and hospitalized, from 2005 to 2012. Demographic information, admission/discharge dates, discharge status, and up to 6 discharge diagnoses coded according to ICD-9 CM were collected for each hospitalized patient.

During the 8-year study period, a total of 72 372 hospitalizations with at least one ICD-9 CM diagnosis code suggestive of all-cause pneumonia were recorded. Of these, 1943 (2.7%) hospitalizations had specific ICD-9 CM diagnosis codes for pneumococcal pneumonia. According to the proposed model, 16 541 (22.9%) pneumonia out of all-cause pneumonia was estimated to be attributable to S. pneumoniae. Pneumococcal pneumonia and model-estimated pneumococcal pneumonia had mean hospitalization rates of 13.4 and 113.3/100 000, respectively, with a decreasing temporal trend. The risk of hospitalization for pneumococcal pneumonia was strongly correlated with age ($P < 0.001$). Our model provides data usable to construct suitable decisional models for the decision-makers and could allow to the responsibles of healthcare facilities to assess the budget impact if they hypothesize to offer vaccination for pneumococcal disease to certain cohorts of subjects aged 50 years or older. In our area, the high estimated hospitalization rates among adults aged ≥65 years suggest the need to implement effective preventive strategies (e.g., vaccination) tailored for these groups.

Completeness and timeliness of vaccination and determinants for low and late uptake among young children in eastern China

Yu Hu*, Yaping Chen, Jing Guo, Xuewen Tang, Lingzhi Shen

Abstract

Background: We studied completeness and timeliness of vaccination and determinants for low and delayed uptake in children born between 2008 and 2009 in Zhejiang province in eastern China.

Methods: We used data from a cross-sectional cluster survey conducted in 2011, which included 1146 children born from 1 Jan 2008 to 31 Dec 2009. Various vaccination history, social-demographic factors, attitude and satisfaction toward immunization from caregivers were collected by a standard questionnaire. We restricted to the third dose of HepB, PV, and DPT (HepB3, PV3, and DPT3) as outcome variables for completeness of vaccination and restricted to the first dose of HepB, PV, DPT, and MCV(HepB1, PV1, DPT1, and MCV1) as outcome variables for timeliness of vaccination. The $\chi 2$ test and logistic regression analysis were applied to identify the determinants of completeness and timeliness of vaccination. Survival analysis by the Kaplan–Meier method was performed to present the timeliness vaccination.

Results: Coverage for HepB1, HepB3, PV1, PV3, DPT1, DPT3, and MCV1 was 93.22%, 90.15%, 96.42%, 91.63%, 95.80%, 90.16%, and 92.70%, respectively. Timely vaccination occurred in 501/1146(43.72%) children for HepB1, 520/1146(45.38%) for PV1, 511/1146(44.59%) for DPT1, and 679/1146(59.25%) for MCV1. Completeness of specific vaccines was associated with mother' age, immigration status, birth place of child, maternal education level, maternal occupation status, socio-economic development level of surveyed

areas, satisfaction toward immunization service and distance of the house to immunization clinic. Timeliness of vaccination for specific vaccines was associated with mother' age, maternal education level, immigration status, siblings, birth place, and distance of the house to immunization clinic.

Conclusion: Despite reasonably high vaccination coverage, we observed substantial vaccination delays. We found specific factors associated with low and/or delayed vaccine uptake. These findings can help to improve strategies such as Reaching Every District (RED), out-reach vaccination services and health education to reach children who remain inadequately protected.

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 3 May 2014]
[No new relevant content]

Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 3 May 2014]
Scoping Review
A look at the ASEAN-NDI: building a regional health R&D innovation network
Jaime C Montoya, Carina L Rebulanan, Nico Angelo Parungao and Bernadette Ramirez
Author Affiliations
Infectious Diseases of Poverty 2014, 3:15 doi:10.1186/2049-9957-3-15
Published: 28 April 2014
Abstract (provisional)
Globally, there are growing efforts to address diseases through the advancement in health research and development (R&D), strengthening of regional cooperation in science and technology (particularly on product discovery and development), and implementation of the World Health Assembly Resolution 61.21 (WHA61.21) on the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (GSPA-PHI). As such, the Association of Southeast Asian Nations (ASEAN) is responding to this through the establishment of the ASEAN-Network for Drugs, Diagnostics, Vaccines, and Traditional Medicines Innovation (ASEAN-NDI). This is important in the ASEAN considering that infectious tropical diseases remain prevalent, emerging, and reemerging in the region. This paper looks into the evolution of the ASEAN-NDI from its inception in 2009, to how it is at present, and its plans to mitigate public health problems regionally and even globally.

International Journal of Epidemiology
Volume 43 Issue 2 April 2014
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
Vol 17 | No. 12 | December 2013

http://www.ijidonline.com/current
[Reviewed earlier; No relevant content]

JAMA
May 7, 2014, Vol 311, No. 17
http://jama.jamanetwork.com/issue.aspx
Editorial | May 7, 2014
Maternal Pertussis Immunization - Can It Help Infants?
Natalia Jiménez-Truque, MSCI, PhD1; Kathryn M. Edwards, MD1
Author Affiliations
JAMA. 2014;311(17):1736-1737. doi:10.1001/jama.2014.3555.
Excerpt
Pertussis (whooping cough) is a highly contagious and potentially fatal disease that is preventable by vaccination. However, the incidence of whooping cough has increased despite having high vaccine coverage rates in the United States.1 Infants younger than 12 months are especially susceptible to pertussis, and those younger than 2 months—too young to start their diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccination series—represent many of the pertussis cases, hospitalizations, and deaths.2…
Preliminary Communication | May 7, 2014
Safety and Immunogenicity of Tetanus Diphtheria and Acellular Pertussis (Tdap) Immunization During Pregnancy in Mothers and Infants: A Randomized Clinical Trial
Flor M. Munoz, MD1,2; Nanette H. Bond, PAC2; Maurizio Maccato, MD1,3; Phillip Pinell, MD1,3; Hunter A. Hammill, MD4; Geeta K. Swamy, MD5; Emmanuel B. Walter, MD6; Lisa A. Jackson, MD7; Janet A. Englund, MD8; Morven S. Edwards, MD1; C. Mary Healy, MD1; Carey R. Petrie, PhD9; Jennifer Ferreira, ScM9; Johannes B. Goll, MS9; Carol J. Baker, MD1,2
Author Affiliations
JAMA. 2014;311(17):1760-1769. doi:10.1001/jama.2014.3633.
References
ABSTRACT
Importance Maternal immunization with tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine could prevent infant pertussis.
Objective To evaluate the safety and immunogenicity of Tdap immunization during pregnancy and its effect on infant responses to diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.
Design, Setting, and Participants Phase 1-2, randomized, double-blind, placebo-controlled, clinical trial conducted from 2008 to 2012. Forty-eight pregnant women aged 18 to 45 years received Tdap (n = 33) or placebo (n = 15) at 30 to 32 weeks' gestation, with crossover immunization postpartum.
Interventions Tdap vaccination at 30 to 32 weeks' gestation or postpartum.
Main Outcomes and Measures Primary outcomes were maternal and infant adverse events, pertussis illness, and infant growth and development until age 13 months. Secondary outcomes were antibody concentrations in pregnant women before and 4 weeks after Tdap immunization or placebo, at delivery and 2 months' postpartum, and in infants at birth, at 2 months, and after the third and fourth doses of DTaP.
Results No Tdap-associated serious adverse events occurred in women or infants. Injection site reactions after Tdap immunization were reported in 26 (78.8% [95% CI, 61.1%-91.0%]) and 12 (80% [95% CI, 51.9%-95.7%]) pregnant and postpartum women, respectively

(P > .99). Systemic symptoms were reported in 12 (36.4% [95% CI, 20.4%-54.9%]) and 11 (73.3% [95% CI, 44.9%-92.2%]) pregnant and postpartum women, respectively (P = .03). Growth and development were similar in both infant groups. No cases of pertussis occurred. Significantly higher concentrations of pertussis antibodies were measured at delivery in women who received Tdap during pregnancy vs postpartum (eg, pertussis toxin antibodies: 51.0 EU/mL [95% CI, 37.1-70.1] and 9.1 EU/mL [95% CI, 4.6-17.8], respectively; P < .001) and in their infants at birth (68.8 EU/mL [95% CI, 52.1-90.8] and 14.0 EU/mL [95% CI, 7.3-26.9], respectively; P < .001) and at age 2 months (20.6 EU/mL [95% CI, 14.4-29.6] and 5.3 EU/mL [95% CI, 3.0-9.4], respectively; P < .001). Antibody responses in infants born to women receiving Tdap during pregnancy were not different following the fourth dose of DTaP.

Conclusions and Relevance This preliminary assessment did not find an increased risk of adverse events among women who received Tdap vaccine during pregnancy or their infants. For secondary outcomes, maternal immunization with Tdap resulted in high concentrations of pertussis antibodies in infants during the first 2 months of life and did not substantially alter infant responses to DTaP. Further research is needed to provide definitive evidence of the safety and efficacy of Tdap immunization during pregnancy.

Trial Registration clinicaltrials.gov Identifier: NCT00707148

JAMA Pediatrics
May 2014, Vol 168, No. 5
http://archpedi.jamanetwork.com/issue.aspx
[No relevant content]

Journal of Community Health
Volume 39, Issue 3, June 2014
http://link.springer.com/journal/10900/39/3/page/1

The Peru Cervical Cancer Screening Study (PERCAPS): The Design and Implementation of a Mother/Daughter Screen, Treat, and Vaccinate Program in the Peruvian Jungle

Carolina E. Abuelo, Kimberly L. Levinson, Jorge Salmeron, Carlos Vallejos Sologuren, Maria Jose Vallejos Fernandez, Jerome L. Belinson

Abstract
Peru struggles to prevent cervical cancer (CC). In the jungle, prevention programs suffer from significant barriers although technology exists to detect CC precursors. This study used community based participatory research (CBPR) methods to overcome barriers. The objective was to evaluate the utility of CBPR techniques in a mother–child screen/treat and vaccinate program for CC prevention in the Peruvian jungle. The CC prevention program used self-sampling for human papillomavirus (HPV) for screening, cryotherapy for treatment and the HPV vaccine Gardasil for vaccination. Community health leaders (HL) from around Iquitos participated in a two half day educational course. The HLs then decided how to implement interventions in their villages or urban sectors. The success of the program was measured by: (1) ability of the HLs to determine an implementation plan, (2) proper use of research forms, (3) participation and retention rates, and (4) participants' satisfaction. HLs successfully registered 320 women at soup kitchens, schools, and health posts. Screening, treatment, and vaccination were successfully carried out using forms for registration, consent, and results with minimum error. In the screen/treat intervention 100 % of participants gave an HPV sample and

99.7 % reported high satisfaction; 81 % of HPV + women were treated, and 57 % returned for 6-month follow-up. Vaccine intervention: 98 % of girls received the 1st vaccine, 88 % of those received the 2nd, and 65 % the 3rd. CBPR techniques successfully helped implement a screen/treat and vaccinate CC prevention program around Iquitos, Peru. These techniques may be appropriate for large-scale preventive health-care interventions.

Journal of Global Ethics
Volume 10, Issue 1, 2014
http://www.tandfonline.com/toc/rjge20/current#.U2V-Elf4L0l
Tenth Anniversary Forum: The Future of Global Ethics

Journal of Health Organization and Management
Volume 28 issue 2 - Latest Issue
http://www.emeraldinsight.com/journals.htm?issn=1477-7266&show=latest
[No relevant content]

Journal of Infectious Diseases
Volume 209 Issue 10 May 15, 2014
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Journal of Global Infectious Diseases (JGID)
January-March 2014 Volume 6 | Issue 1 Page Nos. 1-48
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier; No relevant content]

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Volume 16, Issue 3, June 2014
http://link.springer.com/journal/10903/16/2/page/1
Special Topics in Immigrant Health: The Health of Indigenous Mayan Migrants from Yucatán México
[Editor's Note: This issue carries 21 articles around the theme above]

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April 2014, Volume 40, Issue 4
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[No relevant content]

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April 2014; 63 (Pt 4)
http://jmm.sgmjournals.org/content/current

[No relevant content]

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Volume 3 Issue 1 March 2014
http://jpids.oxfordjournals.org/content/current
[Reviewed earlier; No relevant content]

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Vol 164 | No. 4 | April 2014 | Pages 679-948
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Journal of Public Health Policy
Volume 35, Issue 1 (February 2014)
http://www.palgrave-journals.com/jphp/journal/v35/n1/index.html
Special Section: Preventing Addictions
[Reviewed earlier; No relevant content]

Journal of the Royal Society – Interface
June 6, 2014; 11 (95*)*
http://rsif.royalsocietypublishing.org/content/current
[No relevant content]

Journal of Virology
April 2014, volume 88, issue 7
http://jvi.asm.org/content/current
[No relevant content]

The Lancet
May 03, 2014 Volume 383 Number 9928 p1521 - 1608
http://www.thelancet.com/journals/lancet/issue/current
Comment
Variola virus archives: a new century, a new approach
Peter B Jahrling, Owale Tomori
Full Text |
Eradication of smallpox was the signature public health achievement of the 20th century—the result of relentless collective action by the global community. Although the disease is long gone, variola virus, which causes smallpox, still exists in two WHO-approved laboratories.1
Incidence of multidrug-resistant tuberculosis disease in children: systematic review and global estimates

Helen E Jenkins PhD a, Arielle W Tolman BA b, Courtney M Yuen PhD b, Jonathan B Parr MD a b c, Salmaan Keshavjee MD a b c, Carlos M Pérez-Vélez MD c d, Prof Marcello Pagano PhD e, Dr Mercedes C Becerra ScD a b c†, Ted Cohen MD a f

Summary

Background

Multidrug-resistant tuberculosis threatens to reverse recent reductions in global tuberculosis incidence. Although children younger than 15 years constitute more than 25% of the worldwide population, the global incidence of multidrug-resistant tuberculosis disease in children has never been quantified. We aimed to estimate the regional and global annual incidence of multidrug-resistant tuberculosis in children.

Methods

We developed two models: one to estimate the setting-specific risk of multidrug-resistant tuberculosis among child cases of tuberculosis, and a second to estimate the setting-specific incidence of tuberculosis disease in children. The model for risk of multidrug-resistant tuberculosis among children with tuberculosis needed a systematic literature review. We multiplied the setting-specific estimates of multidrug-resistant tuberculosis risk and tuberculosis incidence to estimate regional and global incidence of multidrug-resistant tuberculosis disease in children in 2010.

Findings

We identified 3403 papers, of which 97 studies met inclusion criteria for the systematic review of risk of multidrug-resistant tuberculosis. 31 studies reported the risk of multidrug-resistant tuberculosis in both children and treatment-naive adults with tuberculosis and were used for evaluation of the linear association between multidrug-resistant disease risk in these two patient groups. We identified that the setting-specific risk of multidrug-resistant tuberculosis was nearly identical in children and treatment-naive adults with tuberculosis, consistent with the assertion that multidrug-resistant disease in both groups reflects the local risk of transmitted multidrug-resistant tuberculosis. After application of these calculated risks, we estimated that around 999 792 (95% CI 937 877—1 055 414) children developed tuberculosis disease in 2010, of whom 31 948 (25 594—38 663) had multidrug-resistant disease.

Interpretation

Our estimates underscore that many cases of tuberculosis and multidrug-resistant tuberculosis disease are not being detected in children. Future estimates can be refined as more and better tuberculosis data and new diagnostic instruments become available.

Funding

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Viewpoint

Importance of tuberculosis control to address child survival

Stephen M Graham, Charalambos Sismanidis, Heather J Menzies, Ben J Marais, Anne K Detjen, Robert E Black

Full Text |

Tuberculosis commonly affects young children (<5 years) in countries that have high rates of child mortality.1 The global public health focus to control tuberculosis has traditionally aimed to reduce transmission through early case-finding and effective treatment of the most infectious cases. Young children have historically been excluded from this focus, since their contribution to tuberculosis transmission is believed to be small. In the past decade, national tuberculosis

programmes in high-burden settings have given increased attention to the challenges of childhood tuberculosis.

The Lancet Global Health
May 2014 Volume 2 Number 5 e242 - 300
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[Reviewed earlier]

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May 2014 Volume 14 Number 5 p359 - 440
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[Reviewed earlier]

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A Multidisciplinary Journal of Population Health and Health Policy
March 2014 Volume 92, Issue 1 Pages 1–166
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[Reviewed earlier]

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Volume 509 Number 7498 pp7-128 1 May 2014
http://www.nature.com/nature/current_issue.html
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Nature Immunology
May 2014, Volume 15 No 5 pp 403-481
http://www.nature.com/ni/journal/v15/n5/index.html
Commentary
Vaccines against tropical parasitic diseases: a persisting answer to a persisting problem - pp403 - 405
David L Sacks
doi:10.1038/ni.2853
Live whole-organism vaccines against Plasmodium falciparum malaria and cutaneous leishmaniasis remain the most uniformly effective vaccines against human parasitic diseases. These vaccines are discussed in terms of the requirement for persisting antigen to generate and maintain a protective response.

Nature Medicine
April 2014, Volume 20 No 4 pp319-449
http://www.nature.com/nm/journal/v20/n4/index.html
[Reviewed earlier]

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April 2014 Vol 14 No 4
http://www.nature.com/nri/journal/v14/n3/index.html
[No relevant content]

New England Journal of Medicine
May 1, 2014 Vol. 370 No. 18
http://www.nejm.org/toc/nejm/medical-journal
Perspective
University Engagement in Global Health
Michael H. Merson, M.D.
N Engl J Med 2014; 370:1676-1678May 1, 2014DOI: 10.1056/NEJMp1401124
Students' passion for reducing health disparities and universities' efforts to become more global in a competitive marketplace have led to an unprecedented surge of global health as an academic field. But maintaining momentum requires confronting formidable challenges.
Review Article
Global Health
Global Health and the Law
Lawrence O. Gostin, J.D., and Devi Sridhar, Ph.D.
N Engl J Med 2014; 370:1732-1740 May 1, 2014 DOI: 10.1056/NEJMra1314094
Free full text
Excerpt

The past two decades have brought revolutionary changes in global health, driven by popular concern over the acquired immunodeficiency syndrome (AIDS), new strains of influenza, and maternal mortality.1 International development assistance for health — a crucial aspect of health cooperation — increased by a factor of five, from $5.6 billion in 1990 to $28.1 billion in 2012, with the private and voluntary sectors taking on an ever-increasing share of the total.2 Given the rapid globalization that is a defining feature of today's world, the need for a robust system of global health law has never been greater.

Global health law is not an organized legal system, with a unified treaty-monitoring body, such as the World Trade Organization. However, there is a network of treaties and so-called "soft" law instruments that powerfully affect global health, many of which have arisen under the auspices of the World Health Organization (WHO). Global health law has been defined as the legal norms, processes, and institutions that are designed primarily to attain the highest possible standard of physical and mental health for the world's population.3

Global health law can affect multiple spheres, ranging from national security, economic prosperity, and sustainable development to human rights and social justice. Each global health problem is shaped by the language of rights, duties, and rules for engagement used in the law...

...*Strategy for Global Health Laws*

Given the undoubted need for global cooperation, international norms are accepted as important global health tools. The more difficult question is whether to pursue hard or soft routes to address health challenges. This debate plays out in international forums ranging from alcohol control and biomedical research to broader reforms such as the Framework Convention on Global Health.[30,43-45] However, there are strengths and weaknesses to both approaches.

Soft agreements are easier to negotiate, with countries more likely to accede to far-reaching norms if there is no formal obligation to comply. Countries can assent to a soft norm without the national constitutional processes entailed in ratifying a treaty. In addition, soft norms can be negotiated more quickly with the use of fewer resources. Resolutions of the WHO Health Assembly represent a major expression of political will and can lead to progressive deepening of norms — enacted into domestic law, referenced by treaty bodies, or incorporated into international law. The WHO, moreover, is building accountability mechanisms into soft agreements, with targets, monitoring, and timelines for compliance.

However, national governments can largely ignore soft instruments, and as a result, civil society often urges treaty development.[30] No hard norms have been enacted, for example, relating to food, alcohol, physical activity, injuries, pain medication, or mental health. If the WHO acts principally through voluntary agreements, while other sectors develop hard law, this weakens and sidelines the agency. Civil society often points to the obligatory nature of international trade law and its binding dispute-settlement mechanism, which often trumps WHO norms.[46]

Even with all the funding and celebrity power that has entered the global health space, key health indicators lag, whereas the health gap between rich and poor has barely abated.[47,48] A renewed attention to lawmaking efforts by the WHO and the human right to health are crucial elements of progress. It is only through law that individuals and populations can claim entitlements to health services and that corresponding governmental obligations can be established and enforced. It is through law that norms can be set, fragmented activities coordinated, and good governance ensured, including stewardship, transparency, participation, and accountability. Global health law, despite its limitations, remains vital to achieving global health with justice.

Editorial

Convergence to Common Purpose in Global Health

David J. Hunter, M.B., B.S., Sc.D., M.P.H., and Harvey V. Fineberg, M.D., Ph.D.
N Engl J Med 2014; 370:1753-1755 May 1, 2014 DOI: 10.1056/NEJMe1404077
[Full text]

Health and disease are, to a large extent, effects of local environmental conditions, and the work of health professionals is still largely performed one patient at a time, facilitated or constrained by local resources. So does it make sense to conceptualize "global health" on a worldwide basis rather than as a patchwork of national and local jurisdictions and responses? In examining the 17 contributions to this series (concluding with the article by Gostin and Sridhar in this issue of the Journal [1]), we see five major forces and trends suggesting that as the 21st century progresses, a global perspective on public health will be increasingly critical.

First, the demographic transition from high birth and death rates to low birth and death rates in most countries, leading to a doubling of life expectancy in the 20th century and a quadrupling of the world population, is associated with the epidemiologic transition from infectious causes of death to noncommunicable diseases as the primary causes of death. In terms of morbidity, mental illness now accounts for a large proportion of years lived with a disability. Between 2010 and 2050, the proportion of the world's population older than 65 years of age will almost double, and the proportion older than 85 will be three and a half times as

large.2 This dramatic reshaping of the age structure of the world population predicts an equally dramatic reshaping of disease patterns, which will challenge health systems to adjust across the spectrum of preventive and therapeutic services. Although the transition will be completed in some countries, people in many low- or middle-income countries will face a "double burden" of disease — the "unfinished agenda" of persisting common infections, undernutrition, and maternal mortality, plus a growing burden of noncommunicable diseases.

The second major trend relates to the health consequences of globalization. The tripling of world merchandise exports since 1980, a result of economic liberalization and cheaper transport, has had manifold effects on health. Economic growth and countries' movement from low-income to middle-income status have led to decreased poverty rates in countries such as China and India, along with an ability to invest more in health infrastructure and to plan for, or at least debate, approaches to implementation of universal health coverage. By 2030, India will probably have the world's largest population, and China will probably be the largest economy; decisions made in New Delhi and Beijing are arguably already more important to global health than those made in Washington, Brussels, or Geneva. Jamison et al.3 have proposed that by 2035, a "grand convergence in health" is possible, as mortality patterns equilibrate in many countries.

Economic growth, however, has been accompanied by rapid urbanization, reduced physical activity, increased tobacco and alcohol consumption, and adverse changes in dietary patterns. Increases in the volume and speed of travel will enable pandemics to spread more rapidly — but there has been no corresponding acceleration in the development and manufacturing of drugs and vaccines. Diseases such as polio, which had been limited to a handful of countries and attended by hopes for worldwide eradication, can recrudesce when conditions favor the virus and a pool of unimmunized children is present. These changes in lifestyle and habitation and in the numbers of people traveling are predicted to increase, along with the consequences for human health. International disease-control regulations and other global governance mechanisms are rudimentary when compared with the size of the challenges.

Third, environmental threats are destabilizing long-standing agricultural and residential patterns and access to clean air and water, setting off unpredictable changes that affect all regions of the globe. The most obvious threat comes from climate change; related threats include the cross-border spread of air and water pollution and the export of toxic wastes. Global solutions to these problems will require unprecedented global solidarity and coordinated responses. The multilateral actions aimed at reducing atmospheric chlorofluorocarbons set a promising precedent, but the actions needed to reduce the effects of climate change are far more complex, and the delay between action and mitigation longer — all of which suggest that scaling up capacities for humanitarian response to address the increased incidence of weather-related disasters will be a necessary activity for several decades.

The fourth major trend is the internationalization of medical knowledge and the globalization of the health workforce. As little as 30 years ago, medical knowledge traveled slowly, if at all, in the pages of journals, sometimes in "airmail editions" printed on lightweight paper. Now, key articles appear online a month or two before publication in print and are available around the world instantaneously. But because drugs and devices are far from universally available and affordable, there are growing inequities in doctors' ability to treat their patients using the latest medical knowledge. These limitations are particularly unfortunate now that medical knowledge flows in multiple directions and innovations borne of necessity in poor countries may hold the key to reducing the cost of health care in rich countries.4 New educational opportunities, such as massive open online courses, or MOOCs, hold the promise of training more health workers more quickly than can possibly be done in standard brick-and-mortar classrooms.

The globalization of the health workforce has many benefits, but rich countries' importing of health professionals from poorer countries, a result of poor workforce planning, strips poorer countries of precious health professionals and reduces their populations' access to care.5 We must not let the communications revolution, which should lead to more up-to-date and better-trained health professionals and more globally engaged and collegial interactions around the world, become a Trojan horse for accelerated medical migration from poorer countries. To the extent that such migration is fed by frustration with inadequate infrastructure for practicing medicine to the highest standards, those problems could be mitigated by relatively modest investments in improving health facilities.3

The final trend is the globalization of medical science. Since the report in the late 1980s of the Commission on Health Research for Development,6 the number of countries engaged in what the commission referred to as "essential national health research" has increased substantially; China, a developing country at the time, is now second in the number of articles published annually and listed in the Science Citation Index. Countries can increasingly decide for themselves what medical science they wish to pursue, instead of relying on the interests of scientists in other countries.

How we handle these five trends will do much to determine the quality of health and health services in the world in the coming decades. The environmental community uses the concept of "local to global" to remind us that individuals and communities have a role in environmental impact worldwide. Although the individual patient encounter is a local event, and global health institutions may constitute a patchwork of entities, each patient encounter takes place in a global tapestry of influences that constitute "global public health."

OMICS: A Journal of Integrative Biology
March 2014, 18(3)
http://online.liebertpub.com/toc/omi/17/12
[No relevant content]

The Pediatric Infectious Disease Journal
April 2014 - Volume 33 - Issue 4 pp: 337-429,e87-e120
http://journals.lww.com/pidj/pages/currenttoc.aspx
[Reviewed earlier]

Pediatrics
May 2014, VOLUME 133 / ISSUE 5
http://pediatrics.aappublications.org/current.shtml
Article
Effectiveness of Trivalent Flu Vaccine in Healthy Young Children
Christopher C. Blyth, MBBSa,b,c,d, Peter Jacoby, MScc, Paul V. Effler, MD, MPHe, Heath Kelly, MPHf,g, David W. Smith, MBBSd,h, Christine Robinsc, Gabriela A. Willis, MBBSc, Avram Levy, PhDd, Anthony D. Keil, MBBSd, and Peter C. Richmond, MBBSa,b,c
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dPathWest Laboratory Medicine, Nedlands, Australia;
eCommunicable Disease Control Directorate, Department of Health, Perth, Australia;
fVictorian Infectious Diseases Reference Laboratory, Melbourne, Australia; and
gAustralian National University, Australian Capital Territory, Australia
Abstract
BACKGROUND: There are few studies evaluating the effectiveness of trivalent influenza vaccination (TIV) in young children, particularly in children <2 years. The Western Australian Influenza Vaccine Effectiveness Study commenced in 2008 to evaluate a program providing TIV to children aged 6 to 59 months.
METHODS: An observational study enrolling children with influenza-like illness presenting to a tertiary pediatric hospital was conducted (2008–2012). Vaccination status was determined by parental questionnaire and confirmed via the national immunization register and/or vaccine providers. Respiratory virus polymerase chain reaction and culture were performed on nasopharyngeal samples. The test-negative design was used to estimate vaccine effectiveness (VE) by using 2 control groups: all influenza test-negative subjects and other-virus-detected (OVD) subjects. Adjusted odds ratios were estimated from models with season, month of disease onset, age, gender, indigenous status, prematurity, and comorbidities as covariates. Subjects enrolled in 2009 were excluded from VE calculations.
RESULTS: Of 2001 children enrolled, influenza was identified in 389 (20.4%) children. Another respiratory virus was identified in 1134 (59.6%) children. Overall, 295 of 1903 (15.5%) children were fully vaccinated and 161 of 1903 (8.4%) children were partially vaccinated. Vaccine uptake was significantly lower in 2010–2012 after increased febrile adverse events observed in 2010. Using test-negative controls, VE was 64.7% (95% confidence interval [CI]: 33.7%–81.2%). No difference in VE was observed with OVD controls (65.8%; 95% CI: 32.1%–82.8%). The VE for children <2 years was 85.8% (95% CI: 37.9%–96.7%).
CONCLUSIONS: This study reveals the effectiveness of TIV in young children over 4 seasons by using test-negative and OVD controls. TIV was effective in children aged <2 years. Despite demonstrated vaccine effectiveness, uptake of TIV remains suboptimal.

Pharmaceutics
Volume 6, Issue 1 (March 2014), Pages 1-
http://www.mdpi.com/1999-4923/6/1
[Reviewed earlier; No relevant content]

Pharmacoeconomics
Volume 32, Issue 4, April 2014
http://link.springer.com/journal/40273/32/4/page/1
[Reviewed earlier]

PLoS One
[Accessed 3 May 2014]
http://www.plosone.org/
[No new relevant content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 3 May 2014)
[No new relevant content]

PLoS Neglected Tropical Diseases
April 2014
http://www.plosntds.org/article/browseIssue.action
[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 3 May 2014)
[No new relevant content]

Pneumonia
Vol 4 (2014)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

Public Health Ethics
Volume 7 Issue 1 April 2014
http://phe.oxfordjournals.org/content/current
[Reviewed earlier]

Qualitative Health Research
May 2014; 24 (5)
http://qhr.sagepub.com/content/current
[No relevant content]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH
February 2014 Vol. 35, No. 2
http://www.paho.org/journal/index.php?option=com_content&view=article&id=137&Itemid=233&lang=en
[Reviewed earlier]

Risk Analysis

April 2014 Volume 34, Issue 4 Pages 599–788
http://onlinelibrary.wiley.com/doi/10.1111/risa.2014.34.issue-4/issuetoc
[No relevant content]

Science
2 May 2014 vol 344, issue 6183, pages 441-548
http://www.sciencemag.org/current.dtl
[No relevant content]

Social Science & Medicine
Volume 110, Pages 1-96 (June 2014)
http://www.sciencedirect.com/science/journal/02779536/110
A qualitative exploration of access to urban migrant healthcare in Nairobi, Kenya
Original Research Article
Pages 1-9
Christine Arnold, Jason Theede, Anita Gagnon
Abstract
In recent years, Kenya's capital city Nairobi has experienced an influx of international economic migrants, as well as migrants forced to flee their neighboring countries of origin, or coming from UNHCR-managed refugee camps into the city. Urban migrants regularly face challenges integrating with host communities and consequently face health vulnerabilities. The International Organization for Migration in Kenya was concerned about the potential marginalization of urban migrants from mainstream health programming and a lack of data upon which to base their activities. The purpose of this project was to gain a greater understanding of urban migrants' barriers to accessing healthcare in Nairobi compared with barriers faced by Kenyans living in the same locations. Guiding our work was a conceptual framework for assessing access to healthcare, which defines availability, geographic accessibility, financial accessibility and acceptability as the four dimensions of access. We identified key informants in collaboration with The National Organisation for Peer Educators, and these individuals assisted in identifying communities within Nairobi where large proportions of migrants reside. Four communities were selected for further study. In each, interviews with government officials and service providers were conducted, and focus group discussions were held with both migrants and Kenyans. Verbatim transcripts were content-analyzed using an open coding technique. Common barriers to accessing care that were shared by migrants and Kenyans included waiting times, drug availability, transportation and cost. Barriers unique to migrants were: threat of harassment; cost discrepancies between migrant and Kenyan clients; real or perceived discrimination; documentation requirements and language barriers. Despite articles from the 2010 Constitution of Kenya that assert the right to health for every person in Kenya, migrants continue to experience unique barriers in accessing healthcare. Efforts to eliminate these barriers should address policy-level interventions, strengthened networks and partnerships, improved migrant-sensitive services and especially continued research in migrant health.

Vaccine
Volume 32, Issue 25, Pages 2939-3114 (23 May 2014)

http://www.sciencedirect.com/science/journal/0264410X/32

Sources of information for assessing human papillomavirus vaccination history among young women

Pages 2945-2947

Linda M. Niccolai, Vanessa McBride, Pamela R. Julian, the Connecticut HPV-IMPACT Working Group

Abstract

Assessing history of human papillomavirus (HPV) vaccination is important for monitoring vaccine uptake, impact, and effectiveness. Based on data collected from 1720 women with high-grade cervical lesions reported to a statewide surveillance system in Connecticut, we found that available medical records did not contain HPV vaccination information for 34% of women, and 43% of women could not be reached for interview. When both were used for data collection, concordance of vaccination history (83%) and sensitivity of self-report (96%) were both high. Reviewing medical records based on self-reported information about vaccine providers increased confirmation of vaccination histories in this sample by 18%. The vaccine registry in Connecticut is not currently utilized for HPV vaccinations, but efforts to increase use for adolescent vaccines could be useful in the future to overcome limitations of other sources.

Optimizing benefits of influenza virus vaccination during pregnancy: Potential behavioral risk factors and interventions

Review Article
Pages 2958-2964

Lisa M. Christian

Abstract

Pregnant women and infants are at high risk for complications, hospitalization, and death due to influenza. It is well-established that influenza vaccination during pregnancy reduces rates and severity of illness in women overall. Maternal vaccination also confers antibody protection to infants via both transplacental transfer and breast milk. However, as in the general population, a relatively high proportion of pregnant women and their infants do not achieve protective antibody levels against influenza virus following maternal vaccination. Behavioral factors, particularly maternal weight and stress exposure, may affect initial maternal antibody responses, maintenance of antibody levels over time (i.e., across pregnancy), as well as the efficiency of transplacental antibody transfer to the fetus. Conversely, behavioral interventions including acute exercise and stress reduction can enhance immune protection following vaccination. Such behavioral interventions are particularly appealing in pregnancy because they are safe and non-invasive. The identification of individual risk factors for poor responses to vaccines and the application of appropriate interventions represent important steps towards personalized health care.

Safety of diphtheria, tetanus, acellular pertussis and inactivated poliovirus (DTaP–IPV) vaccine

Original Research Article
Pages 3019-3024

Matthew F. Daley, W. Katherine Yih, Jason M. Glanz, Simon J. Hambidge, Komal J. Narwaney, Ruihua Yin, Lingling Li, Jennifer C. Nelson, James D. Nordin, Nicola P. Klein, Steven J. Jacobsen, Eric Weintraub

Abstract

Background

In 2008, a diphtheria, tetanus, acellular pertussis, and inactivated poliovirus combined vaccine (DTaP–IPV) was licensed for use in children 4 through 6 years of age. While pre-licensure

studies did not demonstrate significant safety concerns, the number vaccinated in these studies was not sufficient to examine the risk of uncommon but serious adverse events.

Objective

To assess the risk of serious adverse events following DTaP–IPV vaccination.

Methods

The study was conducted from January 2009 through September 2012 in the Vaccine Safety Datalink (VSD) project. In the VSD, electronic vaccination and encounter data are updated and aggregated weekly as part of ongoing surveillance activities. Based on previous reports and biologic plausibility, eight potential adverse events were monitored: meningitis/encephalitis; seizures; stroke; Guillain–Barré syndrome; Stevens–Johnson syndrome; anaphylaxis; serious allergic reactions other than anaphylaxis; and serious local reactions. Adverse event rates in DTaP–IPV recipients were compared to historical incidence rates in the VSD population prior to 2009. Sequential probability ratio testing was used to analyze the data on a weekly basis.

Results

During the study period, 201,116 children received DTaP–IPV vaccine. Ninety-seven percent of DTaP–IPV recipients also received other vaccines on the same day, typically measles–mumps–rubella and varicella vaccines. There was no statistically significant increased risk of any of the eight pre-specified adverse events among DTaP–IPV recipients when compared to historical incidence rates.

Effectiveness of the monovalent rotavirus vaccine in Colombia: A case-control study

Original Research Article
Pages 3035-3040

Karol Cotes-Cantillo, Angel Paternina-Caicedo, Wilfrido Coronell-Rodríguez, Nelson Alvis-Guzmán, Umesh D. Parashar, Manish Patel, Fernando De la Hoz-Restrep

Abstract

Objective

To assess the effectiveness of the monovalent rotavirus vaccine (RV1) to prevent rotavirus diarrhea admissions to emergency departments (ED) in Colombia.

Methods

A multicenter case-control study was carried out in six Colombian cities from 2011 to January, 2013. Cases were laboratory confirmed rotavirus diarrhea patients admitted to ED of selected health centers. Controls were patients with non-rotavirus diarrhea. Vaccination status was card-confirmed. Vaccine effectiveness and 95% confidence intervals (CI) were calculated from the conditional logistic regression models using the formula 1 − adjusted odds ratio × 100.

Results

1051 fecal samples were collected from 193 cases and 858 controls. Vaccination history was confirmed on 173 cases (90%) and 801 controls (93%). Among the rotavirus-positive samples with vaccination history, 57% were G2P[4], 9.8% G9P[8], 6% G9P[6]. Median age of cases (17 months) was greater than controls (15 months) ($P < 0.001$), and mothers of cases had lower level of education ($P = 0.025$). The adjusted effectiveness was 79.19% (95% CI, 23.7 to 94.32) among children 6–11 months of age and −39.75% (95% CI, −270.67 to 47.24) among those >12 months of age. Against overnight rotavirus hospitalizations, RV1 provided protection of 84.42% (95% CI, 22.68 to 96.86) among children 6–11 months of age, and −79.49% (95% CI, −555.8 to 51.08) among those >12 months.

Conclusions

RV1 provided significant protection against rotavirus hospitalization among children under 1 year of age in the Colombian setting. The observation of lower effectiveness in children >12 months requires further assessment.

A qualitative analysis of the impact of healthcare personnel influenza vaccination requirements in California
Original Research Article
Pages 3082-3087
Dmitry Khodyakov, Lori Uscher-Pines, Suchita A. Lorick, Megan C. Lindley, Victoria Shier, Katherine Harris
Abstract
Objective
Using qualitative methods, we explored the implementation of California's 2007 influenza immunization requirements of hospital-based health care personnel (HCP).
Methods
We conducted nine case studies of California hospitals with different HCP vaccination rates and policies. Case studies consisted of interviewing 13 hospital representatives and analyzing relevant hospital documents, including influenza policies. We also conducted 13 semi-structured phone interviews with key state and county public health officials, union representatives, and officials of various professional healthcare organizations.
Results
Our qualitative results suggest that California's vaccination requirements likely did not increase influenza vaccination uptake among HCP. The law was not strong enough to compel hospitals with low and medium vaccination rates to improve their vaccination efforts, and hospitals with high vaccination rates were able to comply fully with the law by continuing to do what they were already doing – namely offering vaccinations to HCP, providing education about the risks of influenza and the benefits of vaccination, and obtaining signed declinations from those who refuse vaccination. Nonetheless, we found that by publicly raising the issue of influenza vaccination in the context of public safety and healthcare quality, California's law encouraged hospitals to develop and implement data systems to monitor the effectiveness of vaccination promotion efforts and prompted discussions, and, in some cases, adoption of stricter vaccination requirements at hospital or county levels.
Conclusions
Our findings generally support the literature that suggests that permissive influenza vaccination requirements, though politically feasible, provide little direct incentive for hospitals to focus efforts on increasing HCP vaccination rates.

Vaccine: Development and Therapy
(Accessed 3 May 2014)
http://www.dovepress.com/vaccine-development-and-therapy-journal
[No new relevant content]

Vaccines — Open Access Journal
(Accessed 3 May 2014)
http://www.mdpi.com/journal/vaccines
[No new relevant content]

Value in Health
Vol 17 | No. 2 | March 2014 | Pages 141-306

http://www.valueinhealthjournal.com/current
[Reviewed earlier]

From Google Scholar & other sources: Selected Journal Articles, Newsletters, Dissertations, Theses, Commentary

Tropical Medicine and Health
[Advance Publication] Released 2014/04/23
Review
Current Trends of Immunization in Nigeria: Prospect and Challenges
Endurance A. Ophori1) 2), Musa Y. Tula1), Azuka V. Azih1), Rachel Okojie1), Precious E. Ikpo1)
1) Department of Microbiology (Immunology unit), Faculty of Life Sciences, University of Benin
2) Present address: Novena University
doi: 10.2149/tmh.2013-13
Abstract
Immunization is aimed at the prevention of infectious diseases. In Nigeria, the National Programme on Immunization (NPI) suffers recurrent setbacks due to many factors including ethnicity and religious beliefs. Nigeria is made up of 36 states with its federal capital in Abuja. The country is divided into six geo-political zones; north central, north west, north east, south east, south west and south south. The population is unevenly distributed across the country. The average population density in 2006 was estimated at 150 people per square kilometres with Lagos, Anambra, Imo, Abia, and Akwa Ibom being the most densely populated states. Most of the densely populated states are found in the south east. Kano with an average density of 442 persons per square kilometre, is the most densely populated state in the northern part of the country. This study presents a review on the current immunization programme and the many challenges affecting its success in the eradication of childhood diseases in Nigeria.

Obstetrics & Gynecology
May 2014
doi: 10.1097/01.AOG.0000447099.00426.85
The Acceptability of a Novel Group B Streptococcus Vaccine in Pregnant Women
Ault, Kevin A. MD; Hurwitz, Julie A.; Zimet, Gregory D. PhD; Omer, Saad B. PhD, MBBS, MPH; Orenstein, Walter MD
Abstract
INTRODUCTION: Group B streptococcus (GBS) is the leading infectious cause of neonatal morbidity and mortality. Currently, intrapartum antibiotic treatment is the only means to decrease vertical transmission. Studies have shown that a vaccine administered during the third trimester is the most cost-effective option for GBS prevention, but the acceptability of such a vaccine to pregnant women is unknown.
METHODS: Women 18 years of age or older and 20-40 weeks of gestation at the time of their obstetric visit to two university-affiliated clinics were eligible for participation. Participants read an informational handout on GBS and completed a survey rating, on an 11-point scale (0-10), the likelihood they would elect to receive vaccines with five variable characteristics. Statistical analyses were performed with SPSS 17. Conjoint analysis determined importance scores, which reflected the degree to which vaccine dimensions influenced scenario ratings (the sum of importance scores across the five dimensions 100).

RESULTS: One hundred of 120 women approached completed the survey. The mean acceptability rating across all scenarios was 6.7 (standard deviation 2.3). Health care provider recommendation was the most influential (importance score 38.5) followed by vaccine efficacy (importance score 29.1). Vaccine cost (importance score 13.2), percentage of women vaccinated (importance score 11.8), and side effects (importance score 8.3) had less influence on ratings.
CONCLUSIONS: When a GBS vaccine becomes available, health care provider endorsement, and therefore preemptive education will be critical in achieving high levels of vaccination in the pregnant population.

Irish Medical Journal
April 2014 Volume 107 Number 4
http://www.imj.ie/ViewArticleDetails.aspx?ArticleID=12498
Seasonal influenza vaccine uptake in HSE-funded hospitals and nursing homes during the 2011/2012 influenza season.
P O'Lorcain, S Cotter, L Hickey, D O'Flanagan, B Corcoran, M O'Meara
Health Protection Surveillance Centre, 25-27 Middle Gardiner St, Dublin 1
Abstract
Annual seasonal influenza vaccine is recommended for all health care workers (HCWs) in Ireland. For the 2011/2012 influenza season, information was collected on influenza vaccination uptake among HCWs employed in Health Service Executive (HSE)-funded hospitals (primarily acute) and of nursing homes (NHs) and also among NH long-term and short-term respite care residents. Forty-five hospitals (80%) and 120 NHs (75%) provided uptake data. Nationally, influenza vaccine uptake among hospital employed HCWs was estimated to be 18% and 14% among HCWs in NHs; in NHs vaccine uptake among long-term care residents was estimated to 88%. These findings highlight the continued low uptake among HCWs of all categories and demonstrate the need for sustained measures to improve uptake rates.

Obstetrics & Gynecology, 2014
May 2014
doi: 10.1097/01.AOG.0000447281.57336.3b
Factors Associated With Human Papillomavirus Vaccine Awareness in a Population-Based Sample of Women in Puerto Rico
Romaguera, Josefina MS, MD, MPH; Caballero-Varona, Daniela MS; Marrero, Edmir MPH; Pérez, Cynthia PhD; Palefsky, Joel B. MD; Ortiz, Ana P. PhD
Abstract
INTRODUCTION: Despite the availability of the first human papillomavirus (HPV) vaccine since 2006, vaccination rates in Puerto Rico are very low.
METHODS: The objective of this study is to describe awareness and uptake of the HPV vaccine among a population-based sample of women in Puerto Rico. Data analysis was from a population-based, cross-sectional study of anogenital HPV infection among a random sample of 566 women aged 16-64 years living in the San Juan metropolitan area of Puerto Rico (2010-2013). An interviewer-administered questionnaire was used to collect information on demographics, lifestyles, and HPV knowledge among other covariates.
RESULTS: Overall, 64.8% of women had heard about the HPV vaccine. Of those in the recommended vaccination age range (16-26 years, n=86), 4.7% had been vaccinated, but only one (1.2%) had received the three doses. Among those aware of vaccine availability, only 39.6% had learned about it through a physician, whereas most had learned about HPV vaccine

through the media. Nonetheless, 93.0% of women indicated they would consider vaccination if their physician recommended it. Multivariate logistic regression analysis showed that HPV awareness (odds ratio [OR] 8.6, 95% confidence interval [CI] 5.0-14.8) and history of an abnormal Pap test result (OR 2.0, 95% CI 1.2-3.4) were associated with HPV vaccine awareness (P<.05).
CONCLUSION: Our study shows high unawareness of the HPV vaccine and low vaccine uptake among women in Puerto Rico. Although the media plays an important role in educating the public, active physician participation in HPV vaccine education must be reinforced to improve the vaccination rate in our population.

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Philly.com
April 29, 2014, 11:09 AM
Video: **CHOP Vaccine Education Center director Paul Offit takes on anti-vaccers on 'Colbert'**

Al Jazeera
http://www.aljazeera.com/Services/Search/?q=vaccine
Accessed 3 May 2014
[No new, unique, relevant content]

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 3 May 2014
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 3 May 2014
[No new, unique, relevant content]

Brookings
http://www.brookings.edu/
Accessed 3 May 2014

[No new, unique, relevant content]

Council on Foreign Relations
http://www.cfr.org/
Accessed 3 May 2014
[No new, unique, relevant content]

DEVEX
https://www.devex.com/en/
Accessed 3 May 2014
[No new, unique, relevant content]

Economist
http://www.economist.com/
Accessed 3 May 2014
[No new, unique, relevant content]

Financial Times
http://www.ft.com
Accessed 3 May 2014
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 3 May 2014
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 3 May 2014
Unhealthy Practice
Medical Work in Conflict Zones Is Compromised
Excerpt
For the second time in less than six months, polio vaccine workers in Pakistan have come under fire. In early April, an unidentified armed group attacked a team of Pakistani health workers administering vaccines and killed one of the police officers guarding them. The program suffered a tragic loss last December, when gunmen killed nine polio workers. Since then, the government has suspended the vaccination campaign in Pakistan's tribal region -- a major setback to public health in a country where polio remains endemic. By the end of March, almost a quarter of a million children scheduled for polio vaccinations had not received them in that region. Meanwhile, in northern Nigeria, where polio is also endemic, vaccination efforts are strained. Last February, nine vaccine workers there were killed by gunmen associated with Boko Haram, a militant Islamist group that claims polio vaccinations are part of a Western plot against Islam.

Some observers, such as the Council on Foreign Relations Senior Fellow Laurie Garrett, persuasively argue that the CIA is partially to blame for turning health workers abroad into targets. In 2011, the CIA employed a Pakistani doctor to conduct a fake vaccination campaign in an effort to track down Osama bin Laden. News of the scheme reinforced the population's

worst suspicions about the motives behind immunization campaigns. Earlier this year, deans of a dozen of the United States' most prestigious public health schools wrote a letter to President Barack Obama demanding that public health programs never again be used as a cover for intelligence gathering operations…

…Those who attack medical personnel in conflicts should be prosecuted under international law for war crimes. As a start, the Security Council should refer the Syrian government's killing, arrest, and torture of medical personnel for investigation by the International Criminal Court. Russia and China will no doubt resist, but their opposition is no excuse for refusing to demand criminal accountability.

The international community must recognize the fragility of health care in conflict, reaffirm the norms of protection and respect, and take vigorous action toward assuring adherence to legal obligations. Otherwise, health workers who provide care will remain at high risk and people who need care the most will be abandoned.

Foreign Policy
http://www.foreignpolicy.com/
Accessed 3 May 2014
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 3 May 2014
Melinda Gates on the nine players changing the vaccine game
As a major funder of vaccine delivery programmes, we ask Melinda Gates to share the people, products and organisations working to make immunisation in the poorest countries possible

The Huffington Post
http://www.huffingtonpost.com/
Accessed 3 May 2014
[No new, unique, relevant content]

Le Monde
http://www.lemonde.fr/
Accessed 3 May 2014
[No new, unique, relevant content]

New Yorker
http://www.newyorker.com/
Accessed 3 May 2014
[No new, unique, relevant content]

New York Times
http://www.nytimes.com/
Accessed 3 May 2014
The Opinion Pages | Letter
Fighting Cholera in Haiti
APRIL 30, 2014
To the Editor:

Re "Haiti in the Shadow of Cholera" (editorial, April 24): Our public-private coalition shares your frustration with the persistence of Haiti's cholera epidemic and is working overtime to help the victims and to raise the millions of dollars for the clean water and sanitation that you rightly point out will be necessary to rid the country of the disease.

Despite the direness of the situation, we have had successes. For example, under the leadership of Haiti's government, we have helped improve the system for detecting and rapidly responding to cases. We have trained health care workers and provided tons of medical equipment. We have chlorinated water and vaccinated people.

Cases and deaths are falling. But you are right: Haiti still needs our help. A full realization of the 10-year national plan would eliminate cholera from Haiti and reduce other waterborne diseases there.

The recent technical meeting of global experts in cholera to which you refer focused on practical ways to further progress, convince donors of the usefulness of the plan and attract the necessary support. We appeal to our coalition members and other donors to provide the resources that are needed to save lives in Haiti.

JON ANDRUS
JOHN OLDFIELD
The writers represent the Coalition to Eliminate Cholera From Hispaniola.

Reuters
http://www.reuters.com/
Accessed 3 May 2014
[No new, unique, relevant content]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 3 May 2014
[No new, unique, relevant content]

Washington Post
http://www.washingtonpost.com/
Accessed 3 May 2014
The enduring benefits of vaccination
2 May 2014
by Michael Gerson
Excerpt
Recently I wrote about a type of scientific denialism — often practiced by religious people — that cheats children out of the wonders of modern cosmology and encourages unnecessary religious doubt. But there is another sort of scientific skepticism — often displayed by affluent and educated parents — that withholds routine childhood vaccinations and encourages unnecessary disease…

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